

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 AM 8:20

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000072874**

1. Corporation Name **Upholstery Unlimited of Tallahassee INC**

REINSTATEMENT 07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

20 Whiddon LK RD

Suite, Apt. #, etc.

3. Mailing Office Address

20 Whiddon LK RD

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country **US**

WAKULLA

Zip

32327

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05-05-04

5. FEI Number

20-1083414

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

John M Waters

Street Address (P.O. Box Number is Not Acceptable)

20 Whiddon LK RD

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

John Waters

Date

10-19-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John M Waters III	20 Whiddon LK Rd	Crawfordville FL 32327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-07

Date

850-926-2746

Daytime Phone #

2X 10/26